CITY OF CANTON

ORIGINAL SUBMITTAL DATE *

COMMERCIAL PLAN REVIEW APPLICATION BUILDING INSPECTION DEPT.

(330) 430-7800 FAX: (330) 430-7848

EXAMINATION NO.

PREVIOUS PLAN EXAM.

PROJECT ADDRESS

Addresses for commercial and residential property can be obtained by calling Civil Engineering at (330) 489-3381.

Applicant is responsible to verify that the job location is in the City Limits of Canton and the address is correct. No refunds will be issued.

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	Designer (Author of drawings) Owner's Agent Contractor • Architect Engineer • Occupant Owner of Structure	NAME ADDRESS CITY & STATE OHIO REGISTERED NAME ADDRESS CITY & STATE NAME ADDRESS ADDRESS) ARCHITECT OR EN	NGINEER NO			ZIPOTHI	ER	Occupation PHONE () _ FAX () EMAIL RESPONSIBILITY TO OWNER PHONE () FAX () EMAIL PHONE ()	,	
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Building Inspection Department 424 Market Ave. North, 3rd Floor Canton, Ohio 44702-1544 Telephone: (330) 430-7800 FAX (330) 430-7848

FAX (330) 430-7848 7/93 (Revised 1/96) (Revised 1/03) (Revised 8/05) (Revised 1/07) Office Hours: 8:00 A.M. - 4:15 P.M. (M-F)
Preliminary Plan Review: By Appointment
Final Review: 4 sets + application + fee
(COMPLETE REVERSE SIDE)

referenced project, this letter is to certify that I am the author of the drawings and have prepared the plans and specifications to conform with the requirements of the current Ohio Building Code (OBC) and Chapters 3781 and 3791 of the Revised Code. This submittal contains information to be in compliance with OBC 106. Signature; Author of drawings _

NOTES: (1) For new buildings and additions, a Zoning Permit must be obtained before a Building Permit can be issued. Typically six copies of a Site Plan must be submitted to the Zoning Dept. for review. For further info contact the Zoning Dept. at (330) 430-7817.

(2) All projects located within the Special Improvement District (SID) in downtown Canton, please contact The Architectural Review Board at (330) 458-2091. (www.cantonchamber.org)

time of original application fees.	ation for plan review. Additional work will	require new submittal and additio	nal
Signature	Date	Title	
Print Name	Company	·	
Phone ()	Mobile Phone ()	Email	
Comments			

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BE COMPLETED

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